DUTCHESS COUNTY DEPARTMENT OF
BEHAVIORAL & COMMUNITY HEALTH
Health Planning & Education
85 Civic Center Plaza – Suite 106, Poughkeepsie, NY 12601
Tel: (845) 486-3421 Fax: (845) 486-3561

# COMMUNITY EVENT REQUEST

*Please note: Event Requests will be considered on a case by case basis pending staff availability.*

**Date of Request:** _____

**Event Name:**_____ **Type of Event**: _____

**Date of Event:** _____ **Time of Event:** _____ **RSVP BY:** _____

**Set up time:** _____ **Tear down time:** _____

**Location of Event / Address:** _____

**Is the event:** ☐ Inside? ☐ Outside?

**Event includes the provision of**: ☐ Tents ☐ Tables ☐ Chairs ☐ Tablecloth ☐ Electricity ☐ Wi-Fi

**Expected Audience:** _____

**Description of Event's goal/purpose**:_____

**Topics of Interest:**

| | | | |
|---|---|---|---|
| ☐ Sexual Health | ☐ Tickborne Disease | ☐ Narcan Training | ☐ Diabetes |
| ☐ Heart Health | ☐ Drowning Prevention | ☐ Overdose Prevention | ☐ _____ |
| ☐ Lead Poisoning Prev. | ☐ Suicide Prevention | ☐ _____ | ☐ _____ |

Other (specify) _____

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**Organization in charge of the Event:** _____

**Contact Person:** _____

**Telephone:** _____ **Email**: _____

**Backup Contact for Day of Event:** **Name:**_____ **Cell Phone:**_____

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**Submit This Form**

FOR DBCH OFFICIAL USE ONLY: DATE RECEIVED:_____

Assigned to : _____ Supervisor Signature of Approval: _____

Materials Needed: ☐ Tent ☐ Tablecloth ☐ Table Runner ☐ Other:_____ Date Needed:_____

| **Materials Available for Pick Up (date) :** | | | **Materials to be Returned by (Date):** | |
|---|---|---|---|---|
| **Attendance:** | **Organization:** | **Weather:** | **Location:** | **Audience:** |
| | | | | |
| | | | | |
| | | | | |